	TE BOARD OF HEALTH OF VITAL STATISTICS State File No. 204
1 DI LOS OS SPICIES	CERTIFICATE OF BIRTH Registered No. 3
County Fila	State angona
District or Townships	or Village.
City Globe No.	St. Ward
(II biz	rth occurred in a hospital or institution, give its NAME instead of street and number)
2. Full name of child	If child is not yet named, make supplemental report, as directed.
3. Sex of Child To be answered ONLY in event of plural births. 5. No., in order of	- 400 7. Date of birth Jan. 29, 1927
8. FATHER	14. MOTHER
Full name autorio malina	Full maiden name Celia Cantu
	II ·
9. Residence (Usual place of abode)	15 Residence (Usual place of abode) . Hele arrange
If non-resident, give place and state.	If non-resident, give place and state.
10. Color or race	18 Color or race
mercican 11. Age at last birthday 25	Years) Mexican 17. Age at last birthday 19 (Years)
7. 4. 1	metraly,
12. Birthplace (city or place)	18. Birthplace (city or place)
(State or country)	(State or country)
13. Occupation	19. Occupation
Nature of industry	Nature of industry
20. Number of children of this mother. That (a) Born silve and now living The 21. Were precautions taken against oph-	
(Taken as of time of birth of child herein (b) Born s	alive but now dead 20012 thalmia neonatorum?
certified and including this child.) [(c) Stillbo	more yes
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* I hereby certify that I attended the birth of this child, who was point along at \$125 H m. on the date above stated	
* When there was no attending physician	(Born alive or stillborn)
or midwife, then the father, householder, Signature	nk :
child is one that neither breathes nor shows other evidence of life after birth.	(Physician or midwife).
Given name added from	The state of the s
a supplemental report Month, day, year	1-3/ 26 1/2/2
Registrar File	d Registrar
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